

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	A qualitative study of UK health professionals' experiences of working at the point of care during the COVID-19 pandemic
<b>AUTHORS</b>	Baldwin, Sharin; George, Joicy

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Rodriguez-Arrastia, Miguel University Jaume I, Pre-Department of Nursing
<b>REVIEW RETURNED</b>	30-Jun-2021

<b>GENERAL COMMENTS</b>	<p>Thank you for sending your paper entitled "A qualitative study of health professionals experiences of working at the point of care during the COVID-19 pandemic, impact on health and wellbeing and support needs" to BMJ Open. After carefully review this paper, the following comments are listed for your reference:</p> <ol style="list-style-type: none"><li>1. Title (P1, L5-9): Please consider shortening the title (it is 26 words long at the moment; e.g., "A qualitative study of health professionals experiences of working at the point of care during the COVID-19 pandemic").</li><li>2. Methods (P6, L28-60): Given the time considerations of the study, did the authors follow any protocol when conducting face-to-face interviews? Did authors conduct the thematic analysis using any software? If that's the case, I would recommend including more information. Perhaps a figure of a conceptual map of your analysis would be useful to readers.</li><li>3. Methods (P6, L40-47): What characteristics were reported about the interviewer(s)? Did the interviewers have any prior experience or training in conducting such interviews? If so, please add further rationale.</li><li>4. Results (P10, L34-36): I would suggest including more information about the distinction between junior and senior staff (differences between Bands?) for international readers. What is the experience and expertise of these two?</li><li>5. Extension: Original research should not exceed 4000 words, according to the author guidelines (the current manuscript has 7687 words). I would suggest using tables to back up some of the quotes. Furthermore, I would suggest agglutinating some categories as a manner to shorten the manuscript (e.g., two main categories: "health professionals experiences and perceptions (current categories 1, 2, 3, 4 and 8)" and "support need for a high-quality care delivery in pandemic (current categories 5, 6, 7)."</li></ol>
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	6. Plagiarism: 25% by Turnitin. Please review and change accordingly.
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<b>REVIEWER</b>	Fawaz, Mirna Beirut Arab University
<b>REVIEW RETURNED</b>	05-Jul-2021

<b>GENERAL COMMENTS</b>	A very interesting paper I enjoyed reading it as the situation with our frontline workers was very similar. I salute you. One thing you can add is the epistemology of the research approach as well as creating a separate section for trustworthiness procedures and data analysis.
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<b>REVIEWER</b>	Bierbooms, Joyce Tilburg University
<b>REVIEW RETURNED</b>	12-Jul-2021

<b>GENERAL COMMENTS</b>	<p>Thank you for having the opportunity to review this interesting paper. In general, the paper is well written and of high relevance. The study is conducted properly. There are a few (minor) revisions I would like to suggest to improve the paper:</p> <ul style="list-style-type: none"> <li>- There is no information in the abstract about the number of participants/interviews.</li> <li>- From the methodology it is not clear when the interviews were conducted. This would be valuable information for the reader to know whether the respondents provide their answers in retrospect or whether they may have been in the second wave of the pandemic already.</li> <li>- The data analysis description would benefit from a more elaborate/detailed description of the framework analysis.</li> <li>- The results are clearly structured and provide a good answer to the research question, however, the quotes in the results are rather extensive and there is relatively little descriptive text originating from the author.</li> <li>- I am not sure about the limitations. In the beginning of the paper the strengths and limitations of the study are mentioned, but they are not really discussed.</li> </ul>
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## VERSION 1 – AUTHOR RESPONSE

<b>Reviewer 1:</b>  Title (P1, L5-9): Please consider shortening the title (it is 26 words long at the moment; e.g., “A qualitative study of health professionals experiences of working at the point of care during the COVID-19 pandemic”).	The title has now been revised to: A qualitative study of UK health professionals’ experiences of working at the point of care during the COVID-19 pandemic
Methods (P6, L28-60): Given the time considerations of the study, did the authors follow any protocol when conducting face-to-face interviews? Did authors conduct the thematic analysis using any software? If	<p>Further detail has been provided in the text regarding the following:</p> <ul style="list-style-type: none"> <li>- Study protocol (pg-6)</li> <li>- Software for data analysis (pg-7)</li> </ul>

that's the case, I would recommend including more information. Perhaps a figure of a conceptual map of your analysis would be useful to readers.	- A conceptual map has been included in figure 1 (pg – 10) presenting the preliminary codes, initial thematic framework and final categories and sub-categories
Methods (P6, L40-47): What characteristics were reported about the interviewer(s)? Did the interviewers have any prior experience or training in conducting such interviews? If so, please add further rationale.	This has been further detailed on pg – 6.
Results (P10, L34-36): I would suggest including more information about the distinction between junior and senior staff (differences between Bands?) for international readers. What is the experience and expertise of these two?	A brief outline is provided in pg -9 and pg-19. These roles are not described in detail as there is a lot of variation and many different job titles within both roles. It is difficult to provide further details without increasing the word limit of the paper. The information provided however should give the readers enough detail to understand the difference between the two roles.
Extension: Original research should not exceed 4000 words, according to the author guidelines (the current manuscript has 7687 words). I would suggest using tables to back up some of the quotes.  Furthermore, I would suggest agglutinating some categories as a manner to shorten the manuscript (e.g., two main categories: "health professionals experiences and perceptions (current categories 1, 2, 3, 4 and 8)" and "support need for a high-quality care delivery in pandemic (current categories 5, 6, 7).	While we acknowledge that this article exceeds the 4000 words limit, we feel that by putting the quotes in table there is a of the text being detached from the related quotes. We attempted to act of the reviewer's suggestion but when we applied it, the results section started to lose the 'participants' voice'. We therefore decided to keep to the original format but reduced the number of quotes presented in the paper. I hope this will be acceptable and that on this occasion a slightly longer paper can be considered, especially due to its qualitative nature.  Having 2 main categories is a good suggestion but again to tell the story of the health professionals' experiences, we felt that it was important not to categorise the findings into higher levels of generality as it would mean that the categories would be more abstract and less applicable to practice. Each of the eight categories have important implications for improving the health and wellbeing of frontline health professionals.
Plagiarism: 25% by Turnitin. Please review and change accordingly	This has been reviewed and sentences have been revised as necessary.
<b>Reviewer 2:</b>  A very interesting paper I enjoyed reading it as the situation with our frontline workers was very similar. I salute you.  One thing you can add is the epistemology of the research approach as well as creating a separate section for	Thank you for your kind words.  Framework analysis was chosen because it is not tied to a particular epistemological or theoretical perspective, which has been detailed on pg-7. Due to the word limit, the different epistemological perspectives have not been discussed in more detail.

trustworthiness procedures and data analysis.	A section on study rigour has been included on pg- 8, as suggested.
<b>Reviewer 3:</b> There is no information in the abstract about the number of participants/interviews.	The number of participants interviewed has been included in the abstract.
From the methodology it is not clear when the interviews were conducted. This would be valuable information for the reader to know whether the respondents provide their answers in retrospect or whether they may have been in the second wave of the pandemic already.	The timing of the interviews has been included in the revised paper.
The data analysis description would benefit from a more elaborate/detailed description of the framework analysis.	The authors decided not to elaborate further on each step of the framework analysis process due to the word limits. Other reviewers have commented on the paper being too long and suggested reducing the current word count. If we elaborate further on framework analysis then it will not be possible to meet the word limit requirements.  A figure of a conceptual map (pg-10) has now been included outlining each stage of the process.
The results are clearly structured and provide a good answer to the research question, however, the quotes in the results are rather extensive and there is relatively little descriptive text originating from the author.	The number of quotes within the text has been reduced significantly as per the reviewers' comments.
I am not sure about the limitations. In the beginning of the paper the strengths and limitations of the study are mentioned, but they are not really discussed.	Study limitations are discussed on pg-30.

The 'implications for practice' section has been revised  
A new reference has been added.